MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET. (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL TOTAL DEP. TOTAL CLAIMS -Section 1

SERIAL NO.

FILING DATE

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